



Management of *Kaduppu Kazichal* through Siddha Medicines- a review

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Abstract

The ancient literature of Siddha medical system describes about worm infections / infestations, which occurs in human beings. In *Jeevarakshamirtham*, a traditional reference mentions twenty types of worm infection in different parts of the body. According to the above quoted reference, there are seven types of worms which infect the digestive system (*Aamasayam*). Siddha medicines have good role in eliminating this parasite infection by administering the anti worm drugs as well as purgative drugs. *KaduppuKazichal (Seethabethi) Noi* can be correlated with amoebic dysentery. Amoebic dysentery and Bacillary dysentery are the commonest infectious diseases. In India, as per WHO report, a rough estimate of prevalence is 15 % but it may be as high as 50 % or even higher in areas devoid of sanitary facilities.

Keywords KaduppuKazichal, Siddha, dysentery

Introduction

Siddha medicines have good role in eliminating this parasite infection by administering the anti worm drugs as well as purgative drugs. *KaduppuKazhichal (Seethabethi) Noi* can be correlated with amoebic dysentery. In India, as per WHO report, a rough estimate of prevalence is 15 % but it may be as high as 50 % or even higher in areas devoid of sanitary facilities. Amoebiasis is one of the commonest infectious diseases. The ancient literature of Siddha medical system describes about worm infections / infestations, which occurs in human beings. In *Jeevarakshamirtham*, a traditional reference mentions twenty types of worm infection in different parts of the body. According to the above quoted reference, there are seven types of worms which infect the digestive system (*Aamasayam*).¹ There are many drugs in allopathy science to combat against worm infestations. The lesser adverse effects and easily available Siddha medicines of interest were considered for this review.

Worm infestations- a brief note

The alarming nature of the worm infestations are described by WHO in many reports. In human beings commonly occurring worm infestations are *Metazoa*, classified into roundworms (*nematodes*) and two types of flatworms, flukes (*trematodes*) and tapeworms (*cestodes*). These biologically diverse eukaryotes vary with respect to life cycle, bodily structure, development, physiology, localization within the host, and susceptibility to chemotherapy. Immature forms invade human beings via the skin or gastrointestinal tract and evolve into well-differentiated adult worms that have characteristic tissue distributions. With few exceptions, such as *Strongiloides* and *Echinococcus*, these organisms cannot complete their life cycles, i. e., replicate themselves, within the human host. Therefore, the extent of exposure to these parasites dictates the severity of infection, and reduction in the number of adult organisms by chemotherapy is sustained unless reinfection occurs. The prevalence of parasitic helminths typically displays a negative binomial distribution within an infected population such that relatively few persons carry heavy parasite burdens. Without treatment, those individuals are most likely to become ill and to perpetuate infection within their community.³

Amoebiasis is caused by the protozoan parasite *Entamoebahistoltyica*. The annual number of *E. histolytica* infections throughout the world is believed to be approximately 50 million (Fig.1, 2). Intestinal amoebiasis can be classified into 1. Asymptomatic, 2. Dysentery, 3. Acute necrotizing colitis with perforation, 4. Toxic megacolon, 5. Amoeboma and

6. Perianal ulceration with fistula formation. Intestinal amoebiasis may involve any part of the bowel. It usually involves caecum and ascending colon followed by sigmoid colon, rectum and appendix. In severe cases the entire colon is involved. There may be extension into the terminal ileum also.⁴

Clinical manifestations

According to clinical manifestations they can be classified into two types⁵

Acute type	Chronic type
<ul style="list-style-type: none"> • Slight attack of diarrhea, altered with periods of constipation and often accompanied by tenesmus • Diarrhea, watery and foul smelling stool often containing blood-streaked mucus • Colic and gaseous distension of the lower abdomen • Nausea, flatulence, abdominal distension and tenderness in the right iliac region over the colon. 	<ul style="list-style-type: none"> • An attack of dysentery that lasts for several days, usually succeeded by constipation • Tenesmus accompanied by the desire to defecate • Anorexia, weight loss and weakness • Liver may be enlarged • The stool at first is semi fluid but soon becomes watery, bloody and mucoid. • Vague abdominal distress, flatulence, constipation or irregularity of bowel • Mild toxemia, constant fatigue and lassitude • Abdomen loses its elasticity when picked up between fingers • Sigmoidoscopy reveals ulceration with yellowish and erythematous border • The gangrenous type (fatal cases) is characterized by the appearance of large sloughs of intestinal tissues in the stool accompanied by hemorrhage.

Table 1. Two type according to clinical manifestations

Extra intestinal forms

This type is known as Hepatic type. The symptoms will be Pain at the upper right quadrant with tenderness of the liver, Abscess may break through the lungs, patient coughs anchovy-sauce sputum, Jaundice, Intermittent fever, and Loss of weight / anorexia.

Line of Treatment in Siddha way

The usual way of simple home remedy which is taking sufficient quantity of Castor oil along with little quantity of milk may be helpful. Castor oil mixed with *Kadukkai* (*Terminalia chebula* Retz.) Pinchu, *Maasikai* (*Quercus infectoria* Olivier) powder may also be helpful.

Classical medicines

Some of the interested classical medicines are mentioned in the table.2. It can be taken with physician's direction.⁶ The above said Siddha medicines are useful in treating *Kaduppukazichal* and related symptoms. They should be taken under strict medical supervision.

Type of Siddha medicine	Name of the medicine
<i>Parpam</i>	<i>Nathai Parpam</i> <i>Naga Parpam</i>
<i>Chenduram</i>	<i>Annabethi Chenduram</i> <i>Padigalinga Chenduram</i> <i>Pooranachandrothayam</i> <i>Lingapathangam</i> <i>Gowrichinthamanichenduram</i>
<i>Mathirai</i>	<i>Oozhimathirai</i> <i>Kabadamathirai</i>
<i>Ilagam</i>	<i>Karisalai ilagam</i> <i>Sarapungavilvathilagam</i>
<i>Churnam</i>	<i>Sundaivatral Churnam</i>
<i>Nei</i>	<i>Venpoosaninei</i>

Table.2 Classical Siddha medicines of interest

Siddha dietetic advice

Avoid spicy or acrid foods. Liquid thin gruel prepared out of *Javvarisi*, *Koogaikizhangu* or *Manakkathai*, *Kaar*, *Kuruvaiva* varieties of rice are found useful. Easily digestible two times boiled (gruel filtered) rice. Food prepared out of tender vegetables like *vaazhaipinju*, *athilampinju*, *avaraipinju* with coriander may be helpful.⁷

Some Research Findings on Siddha drugs

Some of the Siddha medicinal plants and compound formulations have been tested for Anthelmthic activity. They evidenced its pharmacological activity against some worm models.

They are mentioned in table 3.

S.No	Name of the medicine	Study done by
1.	LingaBhupathi	Chalapathi.V et.al ⁸
2.	Cashew apple	Aiswarya.G et.al ⁹
3.	AmorphophalluspaeoniifoliusTuber	YaduNandanDey et.al ¹⁰
4.	Murrayakoenigii(Linn)Spreng.	AshishPagariya et.al ¹¹
5.	Moringaoleifera leaves	Srinivasa U et.al ¹²
6.	KudalPuzhuMathirai	V. Sathya.et.al ¹³
7.	<i>NilavaagaiChoornam</i>	M.Ravichandran et.al ¹⁴

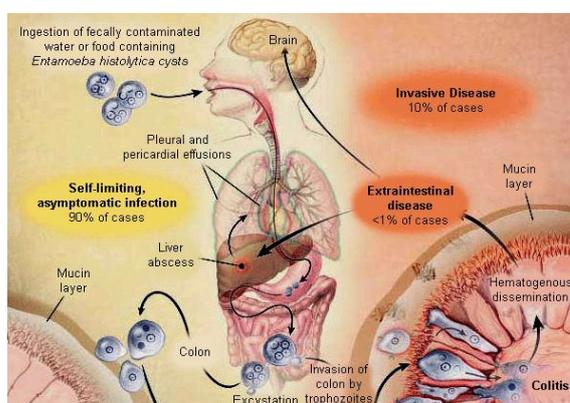


Fig.1 Showing the infection of amoebiasis via oral root

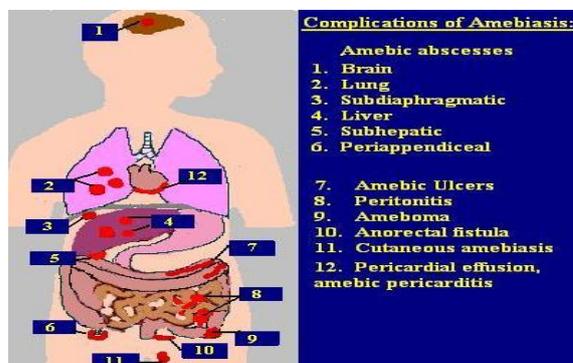


Fig.2 Showing the complications of amoebiasis

Conclusion

More number of studies is needed and they must be documented for widespread usage of Siddha drugs to human society. They must be utilized for safer side administration among children.

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